|   |             |   |               |                               |                                 |                  |        |                 | A⊱ iication or Docket Number |      |                            |                        |  |
|---|-------------|---|---------------|-------------------------------|---------------------------------|------------------|--------|-----------------|------------------------------|------|----------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/752672 |             |   |               |                               |                                 |                  |        |                 |                              |      |                            |                        |  |
| CLAIMS AS FILED - PART I SMALL ENTITY   |             |   |               |                               |                                 |                  |        |                 |                              |      | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |             |   | 8             |                               | <del>-</del>                    |                  | ſ      | RATE            | FEE                          | ]    | RATE                       | FEE                    |  |
| FOR   |             |   | NUMBER FILED  |                               | NUMBER EXTRA                    |                  |        | BASIC FI        | EE 355.00                    | OR   | BASIC FEE                  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |             |   | 9 minus 20=   |                               | . 0                             |                  | İ      | X\$ 9=          |                              | OR   | X\$18=                     |                        |  |
| NDEPENDENT CLAIMS   |             |   | 4 min         | us 3 =                        |                                 | Ì                | X40=   | 40              | OR                           | X80= |                            |                        |  |
| ΛUI   | TIPLE DEPEN | DENT CLAIM P                              | RESENT        |                               |                                 |                  | ľ      | +135=           |                              | OR   | +270=                      |                        |  |
| If the difference in column 1 is less than zero, enter "0" in column 2            |             |   |               |                               |                                 |                  | Į      | TOTAL           | 123                          | OR   | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                     |             |   |               |                               |                                 |                  |        |                 | L ENTITY                     | OR   | OTHER<br>SMALL             |                        |  |
| X   Z   | •           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1.4           | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA |        | RATE            | ADDI-<br>TIONAL<br>FEE       |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMEN  | Total       | *   | Minus         | **                            |                                 | =                |        | X\$ 9=          |                              | OR   | X\$18=                     |                        |  |
| ME  | Independent | *   | Minus         | ***                           |                                 | =                |        | X40=            |                              | OR   | X80=                       |                        |  |
| •   | FIRST PRESE | NTATION OF M                              | ULTIPLE DEF   | ENDEN                         | T CLAIM                         |                  |        | +135=           |                              | OR   | +270=                      |                        |  |
|   |             | OR  | OR ADDIT. FEE |                               |                                 |                  |        |                 |                              |      |                            |                        |  |
|   |             | (Column 1)                                |               |                               | mn 2)                           | (Column 3)       | ٠.     |                 |                              | _    |                            |                        |  |
| NOMENT B  |             | CLAIMS REMAINING AFTER AMENDMENT          | •             | NUM<br>PREV                   | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE            | ADDI-<br>TIONAL<br>FEE       |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total       | *   | Minus         | **                            |                                 | =                | ]      | X\$ 9=          |                              | OR   | X\$18=                     |                        |  |
| AMEND   | Independent | *   | Minus         | ***                           |                                 | =                |        | X40=            | : -                          | OR   | X80=                       |                        |  |
| ⋖   | FIRST PRESE | NTATION OF M                              | IULTIPLE DEF  | PENDEN                        | T CLAIM                         |                  | ן<br>נ |                 |                              | 7    |                            |                        |  |
|   |             |   |               |                               |                                 |                  |        | +135            | =                            | OR   |                            |                        |  |
|   |             |   |               |                               |                                 |                  |        | TÖT<br>ADDIT. F |                              | OR   | TOTAL<br>ADDIT. FEE        |                        |  |

|           |  | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |  |  |  |  |  |
|-----------|--|---|-------|---|------------------|--|--|--|--|--|
| NT C      | · · ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |  |  |
| AMENDMENT | Total  | *   | Minus | **  | =                |  |  |  |  |  |
| MEN       | Independent                                    | *   | Minus | ***   | =                |  |  |  |  |  |
| Į₹        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE